

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 5250.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (estimate)	Category/ Type	Transaction ID : SE.16664 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020
Name of Federal Candidate ROY, CHIP, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Headway Workforce Solutions Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020
Mailing Address 3100 Smoketree Ct. Suite 900		Amount 5250.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Canvassing (estimate)	Category/ Type	Transaction ID : SE.16670 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020
Name of Federal Candidate DAVIS, WENDY, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 03 / 2020

Signature

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2020	
Mailing Address P.O. Box 37046		Amount 375.00	
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.16672 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2020
Purpose of Expenditure Dialer Access (estimate)		Category/ Type	
Name of Federal Candidate DAVIS, WENDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		11250.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	11250.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date _____

Signature

MM / DD / YYYY